MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICA Registration District No. -Primary Registration District No. DO NOT WRITE AMENDED ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before 1. PLACE OF DEATH a. COUNTY VS 300 admission) AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits OR TOWN TOWN Yes No No Portaaevi Hauti 0181 c. FULL NAME OF (If NOT in hospital, give location) (If cutside, give location) Inside Limits d. STREET Reside on Farm DATE HOSPITAL OR ADDRESS INSTITUTION Pomiscot Memorial Hosp Yes D No 🗆 Yes D No D 2カフユス 3. NAME OF DECEASED Middle Last 4. DATE Month Day Year (Type or print) Sam Davis DEATH 1963 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR 5. SEX 6. COLOR OR RACE Never Married | 8. DATE OF BIRTH 7. Married T Months Male. Divorced [] 2/22/1891 Widowed [] Colored 72 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) US A Louisiana |≷ O Retired 130. FATHER'S NAME 14. NAME OF HUSBAND OR WIFE 13b. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) | (If yes, give war or dates of servi Danville. Illinois 9420. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY: ONSET AND DEATH DOCUMENT 10 RECORD IMMEDIATE CAUSE (a) ច់ 11 NSTEAD Conditions, if any, which gave rise to above cause (a), ₹ stating the underlying cause last. PART III, If deceased PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal WAS female there a pregnancy in last 90 days. disease condition given in PART I (a) AMENDMENTS ☐ Yes ☐ Unknown 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20a. ACCIDENT OSUICIDE HOMICIDE 19. WAS AUTOPSY PERFORMED? YES | NO. R 20c. TIME OF Month, Day, Year Hou RIBBON INJURY p.m. USE BLACK INK 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED WHILE AT WORK | *PPEWRITER* READ 21. I attended the deceased from knowledge, from the causes stated. the date stated above. Death occurred a SHOULD 22c. DATE SIGNED lö 22a. SIGNATURE () d ~~ 23c. NAME OF CEMETERY OR 23a. BURIAL, CREMATION, 23b. DATE AFFIDA REMOVAL (Specify) Š

Portageville,

Burial

24. FUNERAL DIRECTOR

Delisle Juneral Home

ITEM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name i	s recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	C) A Dec.
Student	_ Signed Suph Chiliste
Signature of Student Embalmer	Licensed Embalmer No. 1481
	P. O. Addres Tortugarla In

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.